



Let's hear your opinion of the Burden of Diabetes Report

Your opinion is very important to us. So please help us to improve this and other publications by taking a few minutes of your time to answer the following questions.

A little bit about you

1. Please indicate your work setting or reason for interest in the report. ☒

- | | | |
|--|--|--|
| <input type="checkbox"/> State/local health department | <input type="checkbox"/> Other public health setting | <input type="checkbox"/> Acute care hospital |
| <input type="checkbox"/> Hospital clinic/private practice/FQHC | <input type="checkbox"/> Academic institution | <input type="checkbox"/> Health maintenance organization |
| <input type="checkbox"/> Non-profit organization | <input type="checkbox"/> Personal interest in diabetes | <input type="checkbox"/> Other: _____ |

2. Which best describes your professional or personal diabetes-related activities? ☒ (Please check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Public health | <input type="checkbox"/> Administration and planning | <input type="checkbox"/> Research/data analysis/evaluation |
| <input type="checkbox"/> Health promotion | <input type="checkbox"/> Outreach and advocacy | <input type="checkbox"/> Patient care and education |
| <input type="checkbox"/> Volunteer activities | <input type="checkbox"/> Personal experience managing diabetes | <input type="checkbox"/> Other: _____ |

3. I plan to use this information as reference for the development of: ☒ (Please check all that apply)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Health education materials | <input type="checkbox"/> Practice guidelines | <input type="checkbox"/> Public policies | <input type="checkbox"/> Personal knowledge |
| <input type="checkbox"/> Proposal writing/planning | <input type="checkbox"/> Advocacy efforts | <input type="checkbox"/> Other: _____ | |

5. Do you know where to go for additional information on Diabetes? ☒

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Final opinion

13. After reading this report, do you feel that you are more informed about: ☒

- | | | |
|---|------------------------------|-----------------------------|
| a) The prevalence of diabetes in New Jersey (i.e. number and rate of people who have diabetes)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Primary and secondary prevention data? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Medicine Part B changes in Diabetes Diagnosis and Treatment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Cardiovascular Disease and Diabetes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Self management of Diabetes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) Flu and Pneumococcal Vaccinations and Diabetes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

12. Overall, the report met my diabetes data needs. ☒

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree | <input type="checkbox"/> No opinion |
| <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly disagree | |

13. Comments or Suggestions: _____